								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								107/2150					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL TYPE	ENTITY	OF		R THAN ENTITY	
TOTAL CLAIMS			19	9		- 1		RATE	FEE	7	RATE	FEE	
FOR .			NUMBE	NUMBER FILED .		NUMBER EXTRA		BASIC FI	EE 385.00	OF	BASIC FEE	1	
TOTAL CHARGEABLE CLAIMS			\() m	\(i) minus 20=				X\$ 9=		OF	1/212	_	
INDEPENDENT CLAIMS			7' "	ninus 3 =	' /		X43=		OR	X86=			
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	-		t	+145=		OR				
* 11	the differenc	e in column 1 is	less than a	ss than zero, enter "0" in column 2				TOTAL		OR	<u> </u>	-330	
CLAIMS AS AMENDED - PART II										1 0",	OTHER	770	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	* 2	0	= ()		X\$ 9=		OR	X\$18=		
AM	Independent	* 2	Minus		3	- 0		X43=		OR	X86=	·	
	FIRST PRESI	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM		T	+145=		OR	+290=		
							L	TOTAL		-	TOTAL		
		(Column 1)		(Colum	ın 2)	(Column 3)	AC	DIT. FEE	<u> </u>	OR	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	1	OR	X\$18=	755	
ME	Independent	•	Minus	***		-	\vdash			OH			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X43=		OR	X86=		
							L	145=		OR	+290=		
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
CHUMENIC		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	•	Minus	**		=	Γ	(\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	一、	(43=			X86=		
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	\ -\-		OR	A00=		
• H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
!t	* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										DDIT. FEE		
T	ne 'Highest Num	ber Previously Paid	For" (Total or	Independent) is th	highest number fo	ound i	in the app	propriate box	in colu	mn t.		